

***M.E.T. APPLICATION FOR INITIAL CERTIFICATION  
(40-HOUR INITIAL TRAINING COURSE)  
CHALLENGE FOR RENEWAL***

			SOCIAL SECURITY NUMBER							
			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MINER IDENTIFICATION NUMBER		COURSE BEGINNING DATE			COURSE ENDING DATE					
Last Name		First Name		Middle Initial	Telephone No.					
					(      )					
Box					County					
Address					OMSL District					
City				State		Zip Code				

4. MET Instructor Name & Certification Number: ***N/A FOR CHALLENGE***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

		To be completed at District Office			
Breath alcohol screening test results Date _____	<input type="checkbox"/>	negative	<input type="checkbox"/>	positive	<input type="checkbox"/> Identification verified through photo ID <input type="checkbox"/> Identification verified through photo ID
Date _____	<input type="checkbox"/>	negative	<input type="checkbox"/>	positive	<input type="checkbox"/> Identification verified through photo ID <input type="checkbox"/> Identification verified through photo ID
If positive, results of a confirmation breath alcohol test must be recorded on a form BATF-1 and attached.					

For OMSL use only:			
MET Certification Number:	-                      -	Date Certified:	/                      /
Expiration Date:	_____	Card Mailed:	/                      /